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ABSTRACT

This booklet provides a synthesis of the literature and practical suggestions on dealing with violence and aggression in the schools. It is designed to help educators develop the skills to become more competent in preventing and responding to aggressive and violent acts. Particular attention is given to application of a transdisciplinary model. The first two sections provide an introduction and synthesis of relevant practitioner-oriented research, including background information on aggression and violence as well as programs and procedures for responding to these problems. The third section focuses on implications for program development and program administration, specifically program ownership, transdisciplinary team member roles, flexible departmentalization, and supportive attitudes. The fourth section provides recommendations for teachers and administrators who work with students who are aggressive and violent, such as facilitating parent involvement, using the case manager system, and establishing a student advocacy program. The final section lists professional literature, advocacy organizations, professional organizations, and programs to help professionals. (90 references) (JDD)

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Programming for Aggressive and Violent Students

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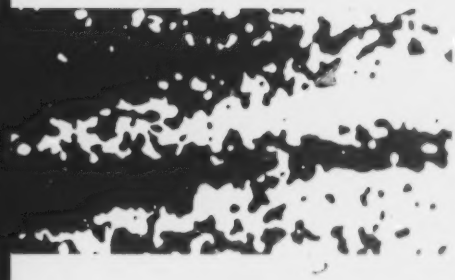

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Foreword

EXCEPTIONAL CHILDREN AT RISK
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Many of today's pressing social problems, such as poverty, homelessness, drug abuse, and child abuse, are factors that place children and youth at risk in a variety of ways. There is a growing need for special educators to understand the risk factors that students must face and, in particular, the risks confronting children and youth who have been identified as exceptional. A child may be at risk *due to* a number of quite different phenomena, such as poverty or abuse. Therefore, the child may be at risk *for* a variety of problems, such as developmental delays; debilitating physical illnesses or psychological disorders; failing or dropping out of school; being incarcerated; or generally having an unrewarding, unproductive adulthood. Compounding the difficulties that both the child and the educator face in dealing with these risk factors is the unhappy truth that a child may have more than one risk factor, thereby multiplying his or her risk and need.

The struggle within special education to address these issues was the genesis of the 1991 CEC conference "Children on the Edge." The content for the conference strands is represented by this series of publications, which were developed through the assistance of the Division of Innovation and Development of the U.S. Office of Special Education Programs (OSEP). OSEP funds the ERIC/OSEP Special Project, a research dissemination activity of The Council for Exceptional Children. As a part of its publication program, which synthesizes and translates research in special education for a variety of audiences, the ERIC/OSEP Special Project coordinated the development of this series of books and assisted in their dissemination to special education practitioners.

Each book in the series pertains to one of the conference strands. Each provides a synthesis of the literature in its area, followed by practical suggestions—derived from the literature—for program developers, administrators, and teachers. The 11 books in the series are as follows:

- *Programming for Aggressive and Violent Students* addresses issues that educators and other professionals face in contending with episodes of violence and aggression in the schools.
- *Abuse and Neglect of Exceptional Children* examines the role of the special educator in dealing with children who are abused and neglected and those with suspected abuse and neglect.
- *Special Health Care in the School* provides a broad-based definition of the population of students with special health needs and discusses their unique educational needs.
- *Homeless and in Need of Special Education* examines the plight of the fastest growing segment of the homeless population, families with children.
- *Hidden Youth: Dropouts from Special Education* addresses the difficulties of comparing and drawing meaning from dropout data prepared by different agencies and examines the characteristics of students and schools that place students at risk for leaving school prematurely.
- *Born Substance Exposed, Educationally Vulnerable* examines what is known about the long-term effects of exposure *in utero* to alcohol and other drugs, as well as the educational implications of those effects.
- *Depression and Suicide: Special Education Students at Risk* reviews the role of school personnel in detecting signs of depression and potential suicide and in taking appropriate action, as well as the role of the school in developing and implementing treatment programs for this population.
- *Language Minority Students with Disabilities* discusses the preparation needed by schools and school personnel to meet the needs of limited-English-proficient students with disabilities.
- *Alcohol and Other Drugs: Use, Abuse, and Disabilities* addresses the issues involved in working with children and adolescents who have disabling conditions and use alcohol and other drugs.
- *Rural, Exceptional, At Risk* examines the unique difficulties of delivering education services to at-risk children and youth with exceptionalities who live in rural areas.

- *Double Jeopardy: Pregnant and Parenting Youth in Special Education* addresses the plight of pregnant teenagers and teenage parents, especially those in special education, and the role of program developers and practitioners in responding to their educational needs.

Background information applicable to the conference strand on juvenile corrections can be found in another publication, *Special Education in Juvenile Corrections*, which is a part of the CEC Mini-Library *Working with Behavioral Disorders*. That publication addresses the demographics of incarcerated youth and promising practices in responding to their needs.

1. Introduction

Aggression and violence are not limited to children and youth with identified disabilities. Educators and other professionals who work with students at risk are increasingly being required to contend with episodes of violence and aggression.

Educators and other professionals who work with children and youth at risk for school failure (i.e., those identified with a behavior disorder, those with other exceptionalities, and those at risk for later school drop-out) are increasingly required to contend with episodes of violence and aggression (Morgan & Jensen, 1988; Rizzo & Zabel, 1988). Aggression and violence are not limited to children and youth with identified disabilities; however, behavioral excesses, including aggression and violence, are common among students in special education, particularly those identified as having behavior disorders (Ruhl & Hughes, 1985). This book is designed to provide practitioners and administrators with essential information on students' aggression and violence and help them develop the skills to become more competent in preventing and responding to aggressive and violent acts. Particular attention is given to application of a transdisciplinary model.

The book is divided into five general sections. The first two sections provide an introduction and synthesis of relevant practitioner-oriented research, including background information on aggression and violence as well as programs and procedures for responding to these problems. The third section focuses on implications for program development and program administration. The fourth section, focusing on implications for the practitioner, provides recommendations for teachers and administrators who work with students who are aggressive and violent. Finally, resources for school practitioners who work with students who are aggressive, violent, or have other behavioral impairments are described.

2. Synthesis of Research

Aggression and violence in the schools are associated with an increase in societal aggression and violence and a decrease in restrictive settings for students with behavior disorders or emotional disturbance. These students tend to be underidentified and to display other factors that place them at risk, including academic delays and poverty. Issues include the definition of behavior disorders, eligibility for services, suspension or expulsion, parent involvement, minority representation, and funding support.

Aggressive and violent tendencies are increasing among children and youth identified as being at risk, having behavior disorders or emotional disturbances, or having other exceptionalities. For example, The Office of Juvenile Justice and Delinquency Prevention reported that approximately 3 million attempted or completed assaults, rapes, robberies, or thefts took place inside school buildings or on school property during 1987, including nearly 76,000 aggravated assaults and almost 350,000 simple assaults. The report revealed that between 1987 and 1988 California school personnel confiscated over 8,500 weapons, including guns, knives, explosives, and other weapons. The extent of this problem is further reflected in a 1988 Baltimore court study (as reported by the Office of Juvenile Justice and Delinquency Prevention), which revealed that 64% of the high school students polled knew someone who carried a handgun to school; 60% also knew someone who had been threatened, shot, or robbed at gunpoint at school; and about 50% of the male respondents occasionally carried a handgun to school. Children and youth with behavior disorders (BD) and those at risk for school failure are not the sole contributors to school violence and aggression; however, there is evidence that these individuals are more apt to engage in violent and aggressive behavior than are their peers. They are also more likely to continue this pattern into adulthood (Kauffman, 1989; Quay, 1987; Robbins, 1966).

Factors associated with increased aggression and violence among children at risk and children and youth with exceptionalities are complex and numerous, thus difficult to pinpoint. However, it is possible to identify at least three correlates of this phenomenon: (1) increased societal aggression and violence; (2) increased numbers of exceptional students who display aggressiveness and violent behaviors in public schools; and (3) increased prevalence in general education settings of children and youth with disabilities and those at risk for school failure

and difficulties. It is clear that increased societal aggression and violence are a reality (Brendtro, Brokenleg, & Bockern, 1990; Fattah & Sacco, 1989), and children may routinely be exposed to it. Routine exposure to modeled behavior is a primary way by which children acquire their behavior patterns (Bandura, Ross, & Ross, 1963). Thus, they may be provided unacceptable models of behavior and also may be desensitized to violence. It is predictable that significant numbers of children so exposed will engage in violent and aggressive behaviors.

Deinstitutionalization and the decreased availability of restrictive treatment and educational options (e.g., reduced health insurance support for psychiatric hospital and residential program treatment) may also result in public school responsibility for greater numbers of children with serious emotional problems and behavior disorders. Public schools are currently serving an ever-increasing number of students who diplay aggressiveness and violent behaviors, often without benefit of appropriate human and institutional resources such as community mental health support programs.

Accelerating aggression and violence among children and youth may also be a function of increased reliance on general education settings for students with disabilities and those at risk. Predictably, this pattern has resulted in increased classroom aggression, but the resources needed to respond to the problem have generally not been accessible (Myles & Simpson, 1989). These resources include management consultants, reduced class size, additional teacher planning time, and inservice training on methods for dealing with aggression and violence.

Characteristics of Children and Youth with Behavior Disorders and Social Problems

Aggression and violence are not limited to children and youth with disabilities and those at risk, but such pupils are particularly prone to engage in socially unacceptable behavior, including aggression and violence. It is important to note that the terms *emotional disturbance* and *behavior disorder* apply to many children who are neither violent nor aggressive (e.g., a student who is withdrawn may be considered emotionally disturbed).

Knitzer, Steinberg, and Fleisch (1990) attempted to synthesize what was known about students receiving services for emotional disturbance and behavior disorders under Public Law 94-142 (the Education for All Handicapped Children Act of 1975), and about those with similar problems who were not labeled. Their results revealed that nearly 400,000 students were identified by schools as being emotionally disturbed (SED) during the 1986–1987 school year, yielding a .96% national prevalence rate. In contrast, national estimates suggest that 3 to 5% of school-age children and youth have serious emotional/behavioral

problems, suggesting that underidentification is a persistent concern. "There is little disagreement that severely emotionally disturbed children and youth still remain the most underserved and inadequately served population of children with handicaps" (Weintraub, 1988, p. 138). Knitzer and others (1990) found that SED identification may depend on local tolerance levels and resources or on the student's race, class, or socioeconomic status, rather than on individual need.

Knitzer and her colleagues (1990) also reported that over 80% of students identified as SED or BD attended regular public schools: 37% were primarily in self-contained special education classrooms; 35% in resource rooms; and 10% in general education classrooms (since most students with behavior disorders are not identified, the number in regular education classrooms can be expected to far exceed this figure). An additional 12% attended special day schools; 4% were in residential placements; and the remainder received educational services through correctional or hospital programs, or at home (often for as little as 1 hour per day). Not all of these students manifest assaultive behavior; however, many SED children and youth are identified because of aggressive behavior (Rizzo & Zabel, 1988). As noted, these pupils are increasingly being educated in regular school settings where resources for monitoring and controlling their behavior are often limited. For instance, Knitzer and others (1990) reported that mental health services are generally inadequate in terms of both therapy and support programs, even for crisis intervention (e.g., violent episodes). Knitzer and colleagues (1990) also reported that over 50% of the districts they surveyed indicated that they did not provide counseling services and that when services were provided, they were on a short-term basis and generally paid for by parents. Finally, indications are that parent involvement in mental health treatment and educational programs is limited (Paul & Epanchin, 1991; Simpson, 1990) and that there is little continuity or congruence among educational, legal, and mental health programs (Nelson, Rutherford, & Wolford, 1987; Zionts & Simpson, 1988). Without question, these factors bode poorly for students with aggressive and violent behavior, including those identified as having BD and being at risk for school failure.

In addition to behavioral and social problems, students identified as SED or BD display a number of other characteristics of concern to educators and community leaders. These students generally are academically delayed. For example, only 30% of them function at or above grade level; their academic problems tend to worsen as they get older; fewer than one third pass minimum competency tests; and more than half fail to graduate from high school (Edgar, 1987). These factors have been identified as correlating with postschool aggression, violence, adjustment, and overall success; thus they must receive appropriate consideration (Frisby, et al., 1991). Other compounding issues include the possibility that these children live in poverty and may come from

single-parent homes (Knitzer et al., 1990). These factors are particularly significant because they correlate with students' leaving school prior to graduation (i.e., without skills, jobs, or structure), thus putting them in situations in which they are likely to observe, perpetrate, and experience further acts of aggression and violence (Erickson, 1987). The importance of providing services to these students is underscored by the fact that their problems of aggression and violence are routinely transferred to their communities when they leave school.

In spite of public school efforts to identify and address the needs of these students, they continue to drop out of school at a rate that greatly exceeds that of their non-SED peers. According to the *Twelfth Annual Report to Congress on the Implementation of the Education of the Handicapped Act* (U.S. Department of Education, 1990), 13,683 students with emotional disturbance dropped out during the 1987 to 1988 school year—that is, approximately 40% of those students aged 14 and older left school prior to graduation.

Policy Issues Associated with Services for Students with Behavior and Social Problems

The passage of the Education of the Handicapped Act (EHA) in 1975 clearly established public schools as having primary responsibility for ensuring that necessary educational and related services are provided for children and youth with special needs. Since the passage of EHA (currently the Individuals with Disabilities Act), a number of issues directly affecting programs for students with behavior and social problems, including those who commit aggressive and violent acts, have arisen. These include: (a) definition and eligibility criteria; (b) services for students with conduct disorders and those identified as socially maladjusted; (c) suspension and expulsion of students; (d) parent involvement; (f) minority representation; and (g) funding.

Definition and Eligibility for Service. Controversy over students termed behaviorally disordered has been longstanding. Thus, one student may engage in aggressive and violent behavior over a long period of time and not be labeled BD while another, with far less acting-out behavior, may be so identified. There is general agreement that the criteria and procedures used to identify students as having behavior disorders are problematic. Central to the controversy has been the definition of *behavior disorders* itself, which has been characterized as vague and confusing, resulting in the use of varying definitions among the states (Forness, 1988; Kavale, Forness, & Alper, 1986; McGinnis, Kiraly, & Smith, 1983; Smith, Frank, & Snider, 1984). A new definition has been proposed by special education and mental health organizations. It includes cultural and ethnic norms, expands the number of environments in which

student problems are manifest, and requires the use of multiple data sources in identification. The issue of definition is particularly significant for students with violent and aggressive behavior since some intervention and treatment programs require that students be identified. This matter is significant in that aggressive and violent students who do not have behavior disorders require services and programs that generally are not currently available.

Services for Students with Conduct Disorders or Social Maladjustment. This issue is directly related to meeting the needs of children and youth with violent and aggressive tendencies. Some educators advocate exclusion of students with conduct disorders (CD) or social maladjustment (SM) from special education services on the basis of the current federal definition (Kelly 1988a,b,c; Slenkovich, 1983). However, most professionals argue that students with conduct disorders should not be excluded from program eligibility (e.g., Council for Children with Behavioral Disorders [CCBD], 1990).

Those who support differentiating between students with behavior disorders and those considered socially maladjusted base their position on several assumptions (Kelly, 1988a; Slenkovich, 1983), including that (a) students with CD/SM are in control of their behavior; (b) acting-out behavior is deliberate and purposeful; and (c) it is possible to reliably differentiate students with internally perceived emotional disturbance from those with conduct disorders and social maladjustment.

Other professionals (e.g., Bower, 1982; Cline, 1990) believe that the intent of P.L. 94-142 was to provide assistance for all children with behavior and social problems. Accordingly, differentiating between students with conduct disorders, social maladjustment problems, and other types of behavioral difficulties (e.g., aggression) serves no purpose. Bower (1982), whose original definition of emotional disturbance was used by legislators in formulating the present SED definition, referred to the social maladjustment exclusion as "Tweedledee's logic." Cline (1990), in a review of P.L. 94-142 Congressional testimony, noted that it appeared that Congress meant to exclude only adjudicated juvenile delinquents who did not have behavior disorders, not all students with conduct problems or social maladjustment. Bower, Cline, and others have suggested that two discrete groups of students—behaviorally disordered and socially maladjusted—do not exist. Rather, the definition of social maladjustment depends on the source of the definition (i.e., education, criminal justice, child development) (Center, 1990). If two distinct groups do not exist, then differentiation is impossible (CCBD, 1990).

Obviously, this matter is related to development of appropriate programs for children and youth with aggressive and violent behavior. While we do not advocate that every student who engages in an aggressive or violent act be identified as having a behavior disorder, neither do

we support categorically eliminating these students from programs. This issue is currently impeding the development of services for aggressive and violent pupils both with and without behavior disorders. That is, if aggressive and violent students are not identified as having disabilities, they are frequently denied education and treatment services (Kauffman, 1989).

Suspension and Expulsion. Another issue related to children and youth with aggressive and violent tendencies concerns suspension and/or expulsion. Because P.L. 94-142 did not specifically address this topic, the principles used to guide decisions in this area were developed through a series of legal activities and interpretations of case law findings. Yell (1989) summarized those findings as follows:

1. Temporary suspensions of students with disabling conditions of up to 10 days are permitted.
2. Expulsions/suspensions of more than 10 days constitute changes in placement under EHA and activate EHA due process procedures (e.g., a conference to establish a new individualized education program, or IEP).
3. Trained, knowledgeable people must determine whether or not there is a causal relationship between the misbehavior that resulted in the suspension/expulsion and the child's disabling condition. Only if no relationship exists can a student be expelled.
4. Students' 14th Amendment due process rights must be respected during suspension/expulsion procedures.
5. Schools may transfer students with disabilities to more restrictive settings contingent upon due process findings.

Indeed, this matter is key to developing appropriate programs and policies for students who engage in violent and aggressive acts. Such students who are also identified as having behavioral disorders are currently afforded safeguards relative to suspension and expulsion; however, their nonidentified peers who engage in similar acts of aggression and violence generally are not. Hence, these nonidentified students are subject to dismissal for engaging in acting-out behavior, a vulnerability that tends to increase their at-risk condition, their probability for out-of-school problems (e.g., legal), and additional difficulties with aggression and violence.

Parent Involvement. The involvement of parents is also a significant issue relative to children and youth with behavioral aberrations. In this regard, the National Special Education and Mental Health Coalition voiced

concern about the paucity of parent advocacy groups for students with behavior and social problems, including those prone to defiance, aggression, and acting out. "Parents are often overwhelmed by the necessity of coping both with the needs of a child with serious emotional disturbance and with complex bureaucratic service systems. They are often not well-informed about their rights, nor is there a strong parent advocacy and self-help movement for parents of children with serious emotional disturbance . . ." (Forness, 1988, p. 128). The same concerns extend to parents of children with aggressive and violent tendencies who have not been identified as having behavior disorders, especially since many of the aforementioned rights and safeguards do not apply to their children.

One specific problem in this area is the lack of a continuum of community-based support services for children with behavioral and social problems and their families. Community agencies involved with children who are aggressive and violent lack the mandate given to the education community by P.L. 94-142, and they experience problems in establishing turf, complying with funding regulations, defining target populations differently, and following varying confidentiality regulations (Knitzer, 1982). However, if coordinated related services such as mental health and social work services are not available, many of these children will "fall through the cracks," thus failing to receive the care they need. Moreover, children and youth prone to aggressive and violent acts may quickly be shunted into the legal system, further impeding their ability to acquire appropriate intervention, education, and treatment programs. In response to this situation, Peterson (1988) indicated that schools are increasingly seen as crucial agents in the delivery and coordination of transdisciplinary services for children and their families. While schools have often attempted to shift services for students with violent and aggressive tendencies to other entities, they are in a position to address this problem positively.

Minority Representation. Another significant issue, specifically as related to diagnosis and placement of members of minority or ethnic groups into SED programs, continues to be minority representation. Forness (1988) reported that problems include (a) both under- and overrepresentation of some groups; (b) ethnic value mismatches, resulting in a conflict between service providers and the culture of students; (c) low rates of parental involvement; and (d) overreferral of culturally different SED/BD youth to the juvenile justice system.

This factor also relates to acts of aggression and violence in that members of minority groups tend to suffer and perpetrate significant percentages of violent and aggressive acts. U.S. Health Department statistics reveal that homicide is the leading cause of death for African-American males and for African-American females ages 1 to 35. Speculations about the cause or causes of this situation vary; however,

they generally relate to greater poverty, unemployment, and discrimination among minority group members. Other factors alleged to be involved include violence associated with drugs (especially crack cocaine) and gang activity.

In consideration of this racial phenomenon, acts of aggression and violence by students must be considered in relation to issues such as economic conditions, family living situations, and community standards. That is, school personnel cannot respond to student acts of aggression and violence without awareness and sensitivity to ethnic and racial factors. In a 1990 presentation, Louis Sullivan, secretary of the U.S. Department of Health and Human Services, noted that solutions to this problem will require family stability, reductions in single-parent homes, decreased teenage pregnancy, improved self-esteem among students, and increased employment. Thus, ultimate solutions to problems of aggression and violence among students, including those from minority groups, will require educational provisions in combination with appropriate societal changes.

Funding Support. A lack of research and supportive funding has been designated as an underlying problem for programs for students with behavior disorders and those who engage in aggressive and violent behavior (Mattison, 1988). "Our knowledge base is very limited for students with [behavior problems], particularly those in special classes" (Mattison, 1988, p. 134). A major problem relates to the lack of consistent or useful subject descriptions—no doubt related to confusion and variation in definition and identification criteria across states and locales (Kavale et al., 1986); another problem relates to variability in the way students with aggressive and violent tendencies are perceived and treated. In this regard, Knitzer and others (1990) have called for additional research in a number of areas related to real-world outcomes for students (i.e., school competence, vocational skills, and coping skills). Specifically, they have identified the following as research goals: (a) more ethnographic and systematic studies, particularly in self-contained and nonpublic school settings; (b) evaluation of intensive, school-based model interventions; (c) evaluation of community and case management model programs; and (d) pursuit of more discretionary funding for students with behavior problems.

3. Implications for Program Development and Administration

Services for students who are aggressive or violent should be coordinated by a transdisciplinary team that includes educators; counselors; social services, related services, and mental health personnel; paraprofessionals; and parents. The team should coordinate services among agencies as well as focusing on individual students. It should address students' achievement and social functioning, self-concepts, and social integration.

Implications for Program Design and Development

Children and youth with behavioral and social problems, including those who engage in aggressive and violent behavior, often have multifaceted needs that require a transdisciplinary approach. A transdisciplinary model should be implemented by professionals who can facilitate goal accomplishment; create and sustain a productive, cooperative atmosphere; develop a decision-making structure to enhance group functioning; and delineate and accept roles and responsibilities (Flynn & Harbin, 1987). This component of the program implications section will address four model components relating to group interpersonal relationships: program ownership, transdisciplinary team member roles, flexible departmentalization, and supportive attitudes.

Once the transdisciplinary team is in place, the program must be developed, implemented, and evaluated. Program administration and student assessment must be discussed to ensure effective student programming across school- and community-based sites.

Program Ownership: A Transdisciplinary Environment. Educational programming for children and youth with behavioral and social problems has historically been the domain of special education (McIntosh, 1979), but fragmentation in service delivery has resulted from two factors: first, many students who engage in aggressive and violent behavior do not qualify for special education services, and second, time and resources are not allocated to special educators to provide the services these students need. Although special educators have assumed responsibility for determining where and when these students can appropriately be served, and which programs and instructors will best meet their needs, this is often beyond the scope of special educators' resources and expertise, as noted by Golightly (1987) and others. Special educators are currently overwhelmed by the number of students who are aggres-

sive and/or violent and those who have other social impairments—many of whom do not qualify for special education programs (Rizzo & Zabel, 1988). In addition, special educators may lack the specific training and expertise needed to deal with these students' behaviors (Grosenick, 1986). For instance, a student involved in gang activity who chronically engages in aggressive acts may require programs, services, and interventions unknown to most educators or unavailable to the majority of schools.

Additionally, special educators have been largely responsible for following students between settings (i.e., from school to juvenile detention settings to residential placements). This system has resulted in service fragmentation because special educators often have neither the time nor the resources to investigate the educational and noneducational programming provided to students outside public school settings and because students who engage in aggressive and violent behavior may not qualify for special education services.

Significant improvements in educational services for students with behavioral and social problems—including children and youth prone to aggression and violence—can be expected only with the support of and close working relationships between school (i.e., special and general educators) and community members (Roubinek, 1978). The importance of shared ownership of the problem and ownership clarification cannot be underestimated (Heller & Schilit, 1987; Hersh & Walker, 1983); they are essential to the success of the transdisciplinary program.

Professionals operating within a transdisciplinary program work together to determine students' needs and to evaluate progress within and/or between programs. Although each member of the transdisciplinary team is a professional with specific skills, the diverse skills and expertise of individual members are combined to provide solutions to students' problems (Golin & Ducanis, 1981). Team members (e.g., general educators, special educators, counselors) share information and skills that enable them to work together to integrate goals and objectives from their individual disciplines. This integration process begins during assessment and continues through the programming effort and across educational settings (Gast & Wolery, 1985), ideally preventing students from "getting lost" between educational and community settings.

Within the transdisciplinary model, students' educational and treatment programs are structured so that multiple interventions can occur simultaneously. Team members engage in *role release*, a process whereby professionals release some of their responsibilities to other team members (United Cerebral Palsy Association, 1976). For example, a school counselor or social worker providing social skill instruction might work with a classroom teacher so that skills can be generalized across settings. Similarly, community- and school-based vocational educators will communicate to the classroom teacher a student's progress toward specific

job skills. The educator, in turn, would follow through with similar programming or reinforcement to ensure that skills become a part of the student's repertoire. This process provides students with a unified education and treatment program, allowing for less program fragmentation (Golightly, 1987).

Role release is also evident when the *case manager* system is used. One team member is responsible for coordinating student programming. The case manager acts as a liaison between other team members, ensuring that student records are available to all team members. The case manager is also responsible for acting as leader of the team and for synthesizing all student information for use by transdisciplinary team members (Peterson, 1987). He or she is the "resident expert" on the individual student.

Transdisciplinary programming is in direct contrast to the traditional "pull-out" model, in which professionals work with students on isolated skills and provide segregated instruction. In the pull-out model, students spend considerable time commuting between educational settings and often do not generalize skills from one setting to another. Education professionals rarely cross paths to discuss program coordination or educational progress (Golightly, 1987). According to a number of experts including Sears (1981), the transdisciplinary model is the most appropriate model for planning and conducting an appropriate assessment and education for students with exceptionalities, including those with behavior and social problems. Moreover, this model effectively serves aggressive and violent children and youth who may not be identified as exceptional.

Transdisciplinary Team Members' Roles

Children with behavior, social, and aggression problems often have a myriad of needs that must be addressed by school- as well as community-based personnel. One agency alone cannot provide all necessary services for these children. A transdisciplinary approach increases the probability that all agencies with a vested interest in these children will coordinate their efforts.

General educators are obvious and essential members of any transdisciplinary team since over 10% of children and youth labeled as having behavior disorders receive full-time education in regular classrooms (Knitzer et al., 1990). An additional 20 to 30% of children in regular education are considered at risk for behavior and social problems (Will, 1986). Moreover, many students with aggressive and violent behaviors will not be identified as exceptional (Kauffman, 1989). Because of this high incidence of both labeled and unlabeled students who engage in aggressive and violent behavior in regular education, it is crucial that general educators play a prominent role in service delivery decisions

affecting these students. Consideration must be given to school modifications that optimize student functioning in the mainstream, including class size, consultation services, inservice programming, paraprofessional availability, planning time, and support service availability (Myles & Simpson, 1989).

Special educators are equally important members of the transdisciplinary team, both as direct service providers for aggressive and violent students identified as exceptional and as consultants to educators and service providers working with nonidentified children and youth. Special educators should be directly involved in the service delivery decision-making process. Additionally, the educational expertise of special education teachers may be warranted because of students' poor academic functioning.

Counselors and social workers also play key roles as service coordinators among families, schools, and community-based programs. They are logical liaisons when considering varied societal influences and interventions. According to Aubrey (1970), counselors have freedom of movement during the school day, allowing them access to a greater variety of individuals in and out of schools. Moreover, counselors tend to be ombudsmen within their settings (Erpenbach & Perrone, 1988). They can operate as change agents; concern themselves with organizational development; work to shape and reform their school's curriculum and program; and make organizational changes needed to meet the needs of students, parents, and communities more effectively (Podemski & Childers, 1980). Counselors are generally knowledgeable about interpersonal relationships, school law and procedures, and community resources (Thomas & Myrick, 1984), allowing them to be involved in a variety of issues. They also have the schedule flexibility to respond to such crisis situations as fights, confrontations, and other aggressive and violent episodes. Yet, in spite of the apparent importance of counselors to children with problems of aggression and violence, fewer than 50% of school districts provide counseling services (Knitzer et al., 1990).

Related services personnel, as ancillary team members, play an important role in meeting the needs of children and youth with aggressive and violent tendencies. Related services personnel can assist in providing a picture of the "whole child," looking beyond aggressive and violent behavior to other domains that may be contributing to the student's problems (Brown & Aylward, 1987). For example,

- Speech/language pathologists can identify and treat deficits in understanding or expressing language (e.g., providing students with verbal skills to supplant acts of aggression).
- Occupational therapists can identify and treat deficits in fine motor, postural, perceptual motor, play, and self-care skills, (helping the

student develop skills to circumvent frustration associated with aggressive manifestations).

- Physical therapists can help the student develop motor skills for developing effective peer relationships by treating deficits in gross motor, organization, and execution of movement skills.
- School psychologists assess student intelligence, achievement, and adaptive behavior levels; they also serve as intervention and consultation agents in issues and areas involving psychological development. They can serve as crisis counselors and intervention specialists.
- School nurses can identify and treat sensory or health-related problems as well as physical problems associated with aggressive acts.

Vocational educators from the school and community can play significant roles as members of a transdisciplinary team by assisting students in developing job skills and securing meaningful employment. Vocational educators can also provide on-the-job support as job coaches for students who cannot effectively use self-directed vocational skills, and they can work to ensure student employment longevity. Finally, vocational educators can serve as consultants to business personnel by being available to discuss student needs and progress (Leone, 1986; Rutherford, Nelson, & Wolford, 1986). While not a panacea, job skill development is a salient component of an effective program for students with aggressive and violent tendencies.

Mental health personnel are important members of transdisciplinary teams; students with violent and aggressive behaviors often require services to facilitate positive mental health (Grosenick & Huntze, 1980). Currently, depending on how they are identified (e.g., SED, socially maladjusted) and the availability of resources, these students may or may not receive mental health services. Indeed, many students who need psychotherapy and other mental health services go without treatment (Knitzer et. al., 1990). Educators must assertively seek appropriate mental health treatment for identified and nonidentified students with aggressive and violent behaviors. In order to provide more comprehensive services, school personnel must be able to work with and coordinate services with mental health professionals, including those in school and community settings (Knitzer et al., 1990).

Mental health professionals assume a variety of roles in preventing and treating behavioral and social deficits and excesses, including problems of violence and aggression. For example, Quay and Werry (1986) noted the development of self-help groups, crisis intervention counseling, and interventions involving social networks among services

rendered by community mental health agencies. While educators sometimes provide therapeutic interventions to students with behavior problems, they are rarely trained in child and family therapy (Rizzo & Zabel, 1988). Therefore, it is critical that mental health personnel play a pivotal role in coordinated service delivery to students with violent and aggressive tendencies in both prevention and treatment.

Social service agency professionals are another important component of the transdisciplinary team. During the past 20 years, schools have maintained a cooperative relationship with social service agencies in the mandated reporting of child abuse (Zellman, 1990). Recently, emphasis has shifted to service coordination and student accessibility (Cohen, 1989). Typical services provided by these agencies include proactive and reactive programs in child abuse, substance abuse, and teen pregnancy (Quay & Werry, 1986). The role of community- and school-based social service workers is a multifaceted one, depending on the needs of students and their families. For students with problems of aggression and violence, social service workers must coordinate services with psychiatrists, school personnel, and juvenile correctional personnel (Cullinan, Epstein, & Lloyd, 1983). Relationships between schools and social service agencies have historically been tentative; however, the needs of aggressive and violent pupils demand that this resource be available.

Families are important members of transdisciplinary teams. Educators have begun to acknowledge the influence that parents and families of students with behavioral and social problems have on students' school success (Rizzo & Zabel, 1988; Turnbull & Turnbull, 1986). Some parents of students with aggressive and violent tendencies prefer to participate passively in school-related activities (Lynch & Stein, 1982); nonetheless, school personnel are developing and implementing innovative approaches to increase parent involvement (Simpson, 1990). Parent and family involvement can assume different forms; in fact, varying levels of family involvement are necessary elements in facilitating active decision making and service delivery. There is no one role that all family members play, and roles will vary depending on family needs and capabilities (Simpson, 1990). Some parents of children with aggressive and violent tendencies will require support and services to address family problems (e.g., poverty), and addressing these underlying problems is often a necessary step in responding to students' difficulties. Accordingly, not only must parents and families be made partners in the educational and treatment process, but they must also be provided with necessary information and services when appropriate.

Paraprofessionals are also recognized as important members of transdisciplinary teams. Because of the increasing pressure placed on educational systems to maximize classroom efficiency, paraprofessionals have become a viable part of the service delivery structure for students

with behavioral and social problems (Greer, 1978; McKenzie & Houk, 1986). In fact, paraprofessionals have assumed specialized and complex tasks in the classroom, including presenting new material to students, reinforcing previously taught concepts, observing and recording behavior, and responding to crises involving aggression and violence. These roles have given paraprofessionals opportunities to interact with and understand the needs of students and to contribute to the team process to maximize resources available to pupils with aggressive and violent tendencies (McKenzie & Houk, 1986).

Characteristics of Team Functioning

The transdisciplinary team should be designed to include certain characteristics essential to effective team functioning. These are flexible departmentalization, coordination, communication, shared decision making and participatory management, and a control system.

Flexible Departmentalization. Departmentalization recognizes that each transdisciplinary team member has unique job functions. In fact, roles are often designed in a way that promotes independent functioning. To provide an optimal education for students with problems of aggression and violence, departmentalization must allow for coordination, communication, and control. That is, team members must function individually as well as collaboratively.

Coordination. In the context of flexible departmentalization, coordination refers to the orchestration of defined roles for service delivery personnel. Coordination of student programming requires that individuals be aware of their own responsibilities, as well as the responsibilities of others. Judy Schrag (1990), Director of the U.S. Office of Special Education Programs, has called for better coordination across disciplines and strengthened roles for individuals involved in the education of exceptional and at-risk children and youth.

Communication. Communication serves as the basis for developing a collaborative relationship. All transdisciplinary team members must be involved in decisions involving students with aggressive and violent tendencies. Thus, communication is essential to ensure that all team members know the status and whereabouts of each student at all times. Communication also ensures that involved persons are working toward the same purpose and that each individual provides program implementation feedback. It should be apparent that effective communication is the *sine qua non* of effective collaboration.

Shared Decision Making and Participatory Management. These are core elements of an effective communication system. That is, the optimal involvement in decision making of all participants results in (a) the well-being of participants and (b) an efficient organization that meets the needs of individuals (Maslow, 1962). Unfortunately, most school- and community-based programs are not operating under this ideal. The advantages of involving a variety of participants in making decisions and creating a supportive environment are increasingly being recognized (Clune & White, 1988; Mertens & Yarger, 1988; Walberg & Lane, 1989; White, 1989).

Control System. Adoption and implementation of an effective control system is another critical factor. Specific written procedures and criteria for information transfer among agencies should be developed. These include guidelines for (a) notification of student transfer into and release from specific programs (e.g., juvenile detention) and (b) coordination and exchange of records, including IEPs, test results, educational histories, social histories, psychological reports, and court records (Lewis, Schwartz, & Ianocone, 1988). Such a control system should address the following questions: How is a case manager selected? Who will coordinate student services across disciplines? Who will be accountable for ensuring that all involved parties have pertinent student information? How long will a student be in a particular placement before efficacy issues are addressed? What guidelines will be used to facilitate student transfer across programs? Who holds responsibility for those issues? Are there assurances for shared decision making? What criteria will be used in the decision-making process (Jones, Gottlieb, Gushkin, & Yoshida, 1978)?

Support for Team Members

Implementation of a transdisciplinary approach to providing comprehensive services to students who have aggressive and violent behavior will depend on a variety of attitudinal variables including team member attitudes, territorial issues, and appropriate training.

Team Member Attitudes. Involved members should be cooperative and supportive of each other's efforts, demonstrating a mutual respect for and trust in each other's role in service delivery (Peterson, 1987). After acknowledging their own limitations, team members must be willing to rely on each other to provide a range of services greater than they could provide individually. In addition, team members must be accountable to each other, leaving no room for privacy regarding intervention procedures and results. Peterson (1987) suggested that this transdisciplinary approach can ill afford defensive behavior by any of its team members.

The difficulty of dealing with students with aggressive and violent behavior should not be increased by attitudinal and interpersonal problems.

Territorial Issues. According to West-Stern (1984), territorial issues arise when professionals supplant cooperation with competition. When this occurs, team members strive to protect their turf. Rivalries among disciplines are born when members attempt to show "which aspect of the child's program is the most important" (West-Stern, 1984, p. 48). One proposed method of eliminating these concerns is by concentrating team efforts on changing system behaviors rather than system structures.

Training. In managing students with problems of aggression and violence, educators will almost always require support services. While many educators typically do not feel that they can adequately provide services to students with aggressive and violent tendencies, they are often willing to accommodate these students if they receive appropriate support and training (Myles & Simpson, 1989). Administrators should be cognizant of teacher and student supports that increase acceptance of these students and should encourage the transdisciplinary team to create supportive environments that will expose students to a variety of appropriate educational, social, emotional, and health services, all coordinated to support one another (Sasso, Simpson, & Novak, 1985). Wherever services are delivered, accommodations may be required to support individual students' needs. For example, when it is determined that a student with aggressive and violent behavior is to receive service in a general class setting, attitudes of teachers and students in that school and classroom should be assessed to determine their willingness to accommodate and respond to the student's needs (Simpson & Myles, 1990) and to provide information regarding intervention and individualization procedures, including methods of handling problems such as fighting.

Implications for Program Administration

Effective administration is an essential part of implementing and managing a transdisciplinary program for students with aggressive and violent tendencies (Heller & Schilit, 1987). The principal or administrator must demonstrate active support for all team members. This support should include recognition of team members' contributions as well as provision of facilities and time for transdisciplinary meetings. Administrators should also be encouraged to take on case manager responsibilities periodically. Participation of this nature will help principals become more effective leaders and understand collaborative efforts, group dynamics, and interrelationships of various disciplines and agencies. If ad-

ministrators do not currently possess these skills and attitudes, they should develop them—they are essential to program success.

The most important role of the administrator is to guide the formation of the transdisciplinary program. The administrator should carefully consider the individuals and agencies included on the team in order to develop a foundation for successful interagency efforts. The administrator should take the lead in developing the team's goals as well as in communicating its missions to team members. The procedures used in achieving the team goal or mission should be in written format and should include the following: (a) development of a communication system, (b) definition of task roles and responsibilities, (c) evaluation of team effectiveness, and (d) evaluation of student progress (Flynn & Harbin, 1987). Finally, administrators should play a key role in identifying a means for disseminating information about transdisciplinary team functions to educators, parents, and other interested parties (Webb & Maddox, 1986).

Administrators must also be knowledgeable about legal mandates and procedures that will affect the functioning of the transdisciplinary program (West-Stern, 1984). For example, procedures associated with legal protocol (e.g., confidentiality), fee payment, and intervention procedures may vary across agencies. Additionally, most public and private agencies are unable to escape political influences; when political conflicts arise that affect student outcome, administrators are in a strategic position to identify and resolve them. In fact, administrators can act as liaisons between schools and outside agencies, clarifying issues and negotiating agreements.

Team Goals and Activities

Assessment, a key component of any program serving students with problems of aggression and violence, acts as an ongoing part of the instructional strategy (Carroll, 1974). Accordingly, program administrators must ensure that assessments are comprehensive and encompass (a) student achievement and social functioning, (b) self-concept, and (c) social integration. As noted previously, administrators will not exclusively make decisions regarding students with violent and aggressive behavior, including those relating to assessment and evaluation; however, administrative personnel must be actively involved in this process.

Student Achievement and Social Functioning. The team's decision should include types of assessment measures and procedures to be used as well as the frequency with which they are implemented. Because norm-referenced standardized tests may be unacceptable for use with students with aggressive and violent behavior, many educators prefer curriculum-based assessment methods. Curriculum-based assessment

allows for (a) reliability, (b) curriculum compatibility, (c) validity with respect to criterion achievement measures, (d) ease and repetition of administration, and (e) sensitivity to student growth (Marston, Fuchs, & Deno, 1986). Thus, curriculum-based assessment methods allow for consistent validation of instructional effectiveness and student growth. Student achievement must be addressed across skills as well as environments. For students about to leave the school environment, assessment may focus on specific vocational skills associated with prospective employment opportunities. Assessment of the academic achievement of younger students may focus on more standard curricula, including reading, written expression, and mathematics.

Analyses of the social functioning of students with aggressive and violent behavior involve analyzing relevant behavioral concerns (e.g., defiant acts, physical attacks), environments and situations in which these behaviors occur, contingencies associated with the behaviors, and intervention strategies. That is, educators who work with aggressive and violent children and youth must thoroughly analyze aggressive and violent acts along with the variables with which they are associated. They must also evaluate the impact of interventions designed to positively affect these behaviors, including structuring procedures (e.g., routines, clarification of expectations); rules; behavior management techniques (e.g., positive reinforcement for appropriate social behavior); verbal intervention methods (e.g., life-space interviews, rational-emotive therapy); crisis intervention methods; and other behavior change strategies. Children and youth with aggressive and other acting-out behaviors will respond to intervention options differentially; thus, each must be evaluated carefully.

Self-Concept. This construct is correlated with school achievement and social adjustment (Wang & Birch, 1984). The student's self-concept should be monitored and, if necessary, addressed through social skills instruction and other intervention programs. Empirical data concerning the self-concept of students with behavioral and social problems, including those with aggressive and violent behavior, have been conflicting: some report that the self-concepts of students with mild disabilities do not differ from those of peers without disabilities (Coleman 1984; Stone 1984; Yauman 1983); others note a marked discrepancy between the self-concepts of students with and without disabilities (Ribner, 1978). There are also indications that children and youth who engage in aggressive and violent behavior have poor self-esteem, self-confidence, and problem-solving strategies (Etscheidt, 1991; Hughes, 1988). While we await empirical clarification of links between aggressive behavior and self-concept, this factor must be addressed. Administrators should develop programs and procedures to focus on students' self-concepts.

Facilitating Social Integration of Students with Behavior Disorders and Social Problems. Administrative personnel should be involved in programs to facilitate and evaluate social integration of students with behavioral and social problems, including those with violent and aggressive tendencies. In this regard, social integration involves relationships between students with aggressive behavior and their normally achieving peers, including physical proximity, interactive behavior, assimilation, and acceptance (Kaufman, Gottlieb, Agard, & Kukic, 1975). It is widely acknowledged that students who exhibit inappropriate behaviors such as aggression demonstrate weaknesses in developing positive relationships with others (Burnett, 1982; Salend & Washin, 1988). Positive, reciprocal relationships among children with violent, aggressive behaviors and other behavioral or social weaknesses and their peers are crucial to student success to the extent that aggressive students' rejection by or isolation from their peers could doom an otherwise successful program (Reister & Bessette, 1986). Social integration takes on particular importance in job settings, where students with behavior problems (including aggression) must be able to function independently. Additionally, they must be able to comply, negotiate, problem solve, and engage in problem resolution in a manner deemed acceptable by employers.

Administrators play a crucial role in facilitating program success for students with violent and aggressive behavior. These individuals must assume a leadership role in a variety of areas, including communication system development, clarification of task roles and responsibilities, evaluation of team effectiveness, and dissemination.

4. Implications for Practitioners

Team members' activities include establishing communications, providing case management, facilitating parent involvement, providing inservice programs regarding the team and its availability, and providing public awareness and sensitivity programs. School activities include developing school/community partnerships, protecting the integrity of the school environment, providing a range of academic and social activities, providing social skills instruction, and focusing on school completion.

Effectively serving aggressive and violent children and youth in various school settings will continue to be a significant challenge. Success in meeting this challenge involves considering a number of steps, including

those discussed in the following sections. The recommendations apply to both teachers and administrators.

Establish goals and objectives. The transdisciplinary team should develop a clear mission statement. Objectives to reach the goals of the statement should be clearly delineated, along with a realistic timeline. Transdisciplinary team members must realize that identifying goals and objectives represents a time commitment from all concerned parties. This process must be accomplished systematically. The mission statement should include cooperative methods for achieving goals and criteria for evaluating goal accomplishment. It should include goals and objectives that will facilitate a more efficient group problem-solving process. Team members must delineate evaluation criteria and standards in determining group effectiveness in the areas of goal attainment, efficiency, and efficacy. It is critical to allow all team members input in determining these group process variables. Assisting in the decision-making process will improve the sense of ownership maintained by representatives of various disciplines.

Establish written operating procedures. To facilitate consistency, efficiency, and continuity, the team should develop written operating procedures. A manual should clearly identify team members' roles, meeting procedures, interagency and team communication procedures, and team evaluation methods. Training for participating members and agencies should accompany the manual. Ideally, the manual should be developed as a collaborative effort reflecting the professional values, goals and objectives previously decided upon by the transdisciplinary team.

The manual should also serve as a resource for transdisciplinary teams when problems are encountered. Problematic situations could be identified in the manual, followed by descriptions of potential situations and suggestions for solving the problems. For example, procedures could be listed for team members to follow when members fail to reach an agreement on appropriate services for a student with behavioral and social problems. Thus, the manual should serve as a resource guide in the daily operations of transdisciplinary teams serving students with problems of violence and aggressiveness.

Establish a communication system across agencies and disciplines. To ensure that student needs are met efficiently and promptly, and to avoid redundancy of services, a careful line of communication must be developed among the agencies serving children with aggressive and violent behaviors. This communication system should ensure that concerned institutions and agencies have a vehicle for information sharing. This vehicle should prevent duplication of services, students "getting lost

between agencies," and students leaving the educational/social system without service provision.

It is particularly important to designate a liaison between institutional settings, social service settings (e.g., juvenile corrections) and other community-based agencies. Procedures must be in written form to promote accountability and consistency across agencies. These procedures should be described in the transdisciplinary operating manual and disseminated to all interested agencies. The role of liaison is significant and should be taken on by team members who are capable of developing and maintaining rapport with staff in their respective organizations and agencies as well as with parents and families. Liaisons coordinate the services for students from their particular agencies, ensuring that services are provided in a timely fashion. Additionally, liaisons are cognizant of student needs and orchestrate the services to be provided by their agencies.

Include all relevant agencies and persons. Any school, private or professional organization, state agency, or community-based agency should be encouraged to designate active transdisciplinary team members. The team's agency representatives should include (a) general educators, (b) special educators, (c) counselors/social workers, (d) related services staff, (e) vocational educators/vocational rehabilitation specialists, (f) mental health personnel, (g) social services personnel, (h) families/student advocates, (i) paraprofessionals, and (j) court/juvenile personnel. Other relevant members may include police officers (e.g., gang intervention officers), institutional personnel, and others who are interested in children and youth who have histories of being aggressive and violent.

All individuals who come in contact with students with aggressive and violent tendencies can potentially serve as members of transdisciplinary teams. Individuals who are not accustomed to such functions should be trained in order to enhance their roles on the team. In the interests of the students served and to promote optimal team operation, all team members should be trained in their assigned roles on the transdisciplinary team. A training component should be developed in the transdisciplinary operating manual, addressing concerns such as (a) effective communication, (b) conflict resolution, (c) interpretation of diagnostic information, (d) the decision-making process, (e) measures of evaluation, and (f) increasing team member involvement. Responsibility for specific training can be shared among team members. However, in order to ensure optimal functioning of the transdisciplinary team, members should receive training before taking an active role.

Facilitate parent involvement. Educators and other professionals should attempt to eliminate barriers to parent involvement. Parents should be trained and encouraged to participate actively on transdisciplinary

teams—they play a critical role supporting children and youth with problems of aggression and violence. As team members, they can provide needed information on student needs and characteristics to facilitate appropriate placement or services. Parents, as community members, can also provide a link between school and community. Although parent involvement should be encouraged, it should be recognized that a continuum of involvement is available. That is, some parents may wish to be ongoing transdisciplinary team members, while others may be involved only to address specific needs. Still others may prefer to communicate with team personnel outside formalized meetings.

Effective training empowers parents to be active transdisciplinary team members. Parents are not always familiar with educational, social and legal systems and the team decision-making approach. Thus, training provided to other team members must also be offered to parents and families. The responsibility for training parents often lies with the person with whom they are most familiar, the general education teacher.

Use the case manager system in transdisciplinary teams. A case manager should be assigned for each student receiving services through the transdisciplinary team. Case manager responsibilities include the following:

1. Acting as team leader when the targeted student's case is discussed.
2. Coordinating student programming between and across agencies and programs.
3. Acting as liaison between other team members.
4. Ensuring that up-to-date student records and student status are available to all team members.
5. Synthesizing student information into a comprehensive format.

In short, the case manager assumes responsibility for providing the student with a continuous, appropriate education and treatment program.

All team members should be provided opportunities to serve as case managers. This role allows professionals to gain firsthand knowledge of procedural matters unique to other disciplines. It also provides team members with a better understanding of red tape, politics, and service availability in various programs. In other words, if an educator is the case manager and has to track and coordinate services for a student, that individual must demonstrate a working relationship with and understanding of the processes other disciplines must follow in service delivery. Therefore, the educator must understand systemic variables that affect the social work and legal systems as well as those that affect mental health agencies.

Cultivate effective relationships across agencies. Agency personnel must establish rapport and mutual respect as well as an understanding of the roles and limitations within which each operates. Administrators and managers are instrumental in cultivating and maintaining these relationships. That is, through frequent contacts, administrative personnel set the tone for agencies' collaborative efforts. Accordingly, administrative personnel meet with each other to develop rapport and understanding, and they also meet with their respective employees to communicate respect and support for individual agencies. A working relationship of this nature will permit agencies to work together to overcome traditional bureaucratic problems in developing innovative solutions to more effectively serve students with problems involving aggression and violence.

Empower transdisciplinary team members. Administrative personnel must grant transdisciplinary team members decision-making responsibilities. Team members should be charged with completing many team-related tasks, including making and evaluating placement decisions, accessing student data, and providing collaborative support within another agency. Administrators should also allot time to conduct team activities, although this time may have to be negotiated between the case manager and administrators to guarantee that timelines are determined realistically when designating service delivery options.

Team members should have autonomy, since teams will be effective only when they have ownership of decision-making capabilities. Administrators should specify what tasks team members can and cannot complete independently, since team personnel who continuously have to "go back to the boss and check" will be inefficient and will ultimately deny students continuous services.

Pursue federal and state funding. The development of transdisciplinary teams and associated procedures is an expensive, time-consuming process. Even after procedures are established and groundwork is laid, expenses are still incurred. Agencies operating under already restricted budgets often cannot release personnel to serve on transdisciplinary teams. Since these agencies frequently lack the resources necessary to complete all in-agency tasks, state and federal support are necessary to make the teams functional. Short-term funds are needed for transdisciplinary team development, and longer range support is needed to maintain the teams. Funding may be sought from a variety of state and federal agencies, including those sponsoring model program development, partnership activities, demonstration/research programs, and personnel preparation.

Although transdisciplinary teams appear expensive to operate, they are usually cost effective. As a result of transdisciplinary team support, more students may complete their formal education, engage in less

violent and aggressive behavior, receive appropriate vocational or college preparatory skills, and become contributing members of society. These positive outcomes translate into improved employment opportunities, increased income, and reduced need for social services and institutionalization. Thus, the potential impact of an effective transdisciplinary team is far-reaching and lifelong.

Provide inservice education. In addition to receiving appropriate preservice instruction, transdisciplinary team members should communicate their functions to colleagues through building- and district-level inservice programs and by developing their colleagues' collaborative skills. It is crucial for them to develop assertive communication skills that facilitate the collaborative process. Training in all aspects of problem solving, accommodating the diverse needs of children who have aggressive and violent behaviors, and the technical issues of transdisciplinary teams must be provided.

Teachers, paraprofessionals, and personnel from other agencies must understand the role transdisciplinary teams play in providing an appropriate education and treatment program for children and youth with problems of aggression and violence. They must know when student referral to the team is appropriate and how to initiate and complete team actions. Personnel should also understand that a referral for service is not synonymous with removal from the classroom; it is a request for information, support, and other appropriate program provisions. Accordingly, ongoing inservice programs should be used to fully acquaint school and agency personnel with (a) the role of transdisciplinary teams, (b) the roles of individuals within a team, (c) service delivery options, (d) referral procedures, and (e) ways to become an effective team member.

Identify sources of student problems. Transdisciplinary team members must make an effort not only to identify students who exhibit aggressive and violent behavior, but also to pinpoint the sources of student difficulties, whether they be familial, environmental, substance-related, or social. Information that is gleaned through interviews with students, parents, and teachers can be used to develop appropriate interventions. While this process may initially appear to be overwhelming, it is mandatory if long-term solutions to aggression and violence are to be achieved.

Establish a student advocacy program. Students must feel that there are persons other than school personnel who empathize with their situations and are willing to ensure that they are served efficiently and appropriately. Community members, parents, and families can serve in this capacity. Advocates can work with students to determine which needs are not being addressed and urge support in program develop-

ment and discipline, as well as acting as liaisons with educational personnel.

Provide public awareness and sensitivity programs. If transdisciplinary community-based programs are to be effective, the general public must understand and support them. Fears and myths surrounding children with aggressive and violent tendencies specifically must be dispelled. The community must learn to view these students as possible contributors to society when given appropriate support. Programs that educate the community should contain the following components: (a) program elements and characteristics, (b) social costs of not intervening, (c) potential contributions of children with problems of aggression and violence, and (d) how programs can meet the needs of so-called "average families." Community education teams undertaking such work may include various professionals (e.g., mental health workers, educators) and nonprofessionals (e.g., parents), but they seem to work best when composed of individuals representing various perspectives. Through the work of these teams, community members can be made aware that intervention programs not only work with children and youth who have problems with aggression and violence, but also may prevent problems from occurring.

Develop school/community partnerships. Transdisciplinary team members and their respective administrators must develop collaborative relationships with community members and businesses. Programs of this nature will enhance educational opportunities by providing social support, opportunities for generalization of skills, and supportive employment. A partnership of this nature can also develop supportive community networks including recreational activities, respite care, parent support groups, and job training.

Children and youth with problems of aggression and violence require innovative interventions to increase their academic, social, and personal adjustment. Business and community leaders can assume a variety of roles that support student progress, and educators must be ready to take advantage of what they have to offer. In-school support should include developing students' social skills, employment-related skills, communication skills, compliance with authoritative requests, acceptance of constructive criticism, attendance, and social awareness. Mentoring programs should be developed that are beneficial to both mentors and students. A personalized mentoring approach is mandatory.

Out-of-school support may take many forms. For instance, community and business leaders may enlist student assistance in organizing field trips and nonalcoholic social activities such as dances or parties following sports activities.

Protect the integrity of the school environment. Schools are finding it increasingly necessary to ensure safe school environments, including ensuring that students are weapon-free and that only enrolled students are admitted. While building administrators are ultimately responsible for keeping buildings free from lethal weapons, illegal substances and related paraphernalia, gang activities, and other potentially dangerous situations, transdisciplinary team members must support the preservation of a learning environment. Students must be free to engage in academic and social activities without fear or intimidation. Students should feel protected within the school environment and safe from outside influences.

While it may be necessary to have security guards on school campuses, it is important that the environment be "student friendly." School personnel should be as unobtrusive as possible while ensuring that school rules are upheld. Schools should not focus on law enforcement activities. Rather, a positive effort should be made to emphasize the academic and social activities that occur on a daily basis by promoting areas of interest among students.

Schools must find creative ways to accentuate the academic and social aspects of their environments while deemphasizing those features necessary to maintain student and staff safety. For example, clubs can be organized around a variety of topics. Based on student and staff interests, members could learn about topics such as photography, electronics, radio broadcasting, and table games. Students can be recognized for their academic and social efforts through various media. For instance, a weekly schoolwide broadcast provides an optimal method of highlighting individual and class accomplishments. School newspapers also provide a meaningful way to showcase students.

Provide a continuum of services. Students with problems of aggression, violence, and other behavioral excesses and deficits present a myriad of difficulties. Schools must provide a continuum of opportunities for these students in both academic and social areas. Remedial courses and laboratories using a variety of instructional approaches and materials should be available to assist students who are experiencing academic and social difficulties. These courses should be provided as a voluntary program to support student choice and control, as well as a meaningful core program for students whose needs are best met by a more functional and individualized curriculum. Accordingly, school programs for students with aggressive and violent tendencies must be provided in both general and special education.

Tutoring and support programs must also be available. Peer tutoring and cooperative learning arrangements can provide extra assistance to students, freeing educators to meet other student needs. It must be cautioned, however, that before students are assigned tasks that require

cooperation, they must have acquired and be able to demonstrate the skills that allow them to work with other students. Thus, for example, students who display extremely violent behaviors must demonstrate some degree of self-control before being introduced into group situations.

Programs that provide opportunities for in-depth study of concepts and special topics should be available to all students, and all students must have access to college preparatory, advanced, and upper-level academic courses. That is, programs for students with behavioral and social problems, including those with histories of aggression and violence, must have a range of academic options. Because students with behavioral and social problems are aware of the lowered teacher expectations accompanying programs that have limited options, they are denied the incentives and opportunities offered to students perceived as higher achieving. For example, activities such as debate, forensics, Quiz Bowl, High-Q, and other scholastic programs are often limited to students perceived as higher achieving. These programs must not exclude students based on achievement, behavior, or social deficits; they must be accessible to all interested students.

Educators must also address the social and emotional needs of their students, developing and evaluating programs that provide opportunities for therapeutic and social support. Peer support groups can provide students with a safe outlet for discussion of academic and social difficulties. Counselors, school psychologists, and school social workers can provide individual and group guidance in managing social and emotional difficulties. Additionally, school personnel must develop a repertoire of behavioral and emotional management skills to aid them in crisis prevention and intervention. These interventions may range from psychoeducational techniques such as cueing and prompting prosocial behaviors to life-space interviewing (Long, Morse, & Newman, 1980).

Focus programming on school completion. Since students with problems of aggression and violence are at risk for dropping out of school, attention must be focused on developing effective social and academic programs that encourage them to complete their formal education. Such programs typically include academic interventions to improve basic skills along with behavioral interventions; interventions to improve self-esteem and social competence and status are focused on less often. However, there is a positive correlation between student interactions with peers and personal adjustment; therefore, programs that respond to students' social needs must not be neglected—especially when considering the needs of violent and aggressive students.

Transdisciplinary team members must develop individual support networks that assist children and youth in dealing with daily school issues. School mentoring programs that mirror social programs such as

Big Brothers or Big Sisters can provide emotional and individual support. Peers can serve as powerful models of appropriate social and academic behaviors. Community members can also assist by serving as role models and mentors, facilitating student academic efforts through regular communication, moral support, and empathy.

Provide social skills instruction. Specific instruction in effective communication skills must be provided for children and youth with problems of aggression and violence. Students need instruction in the art of assertive communication and in identifying and altering submissive and aggressive responses. Skills such as using "I" messages instead of accusatory statements should be taught, and students must be given opportunities to apply those skills in controlled and real situations. Teaching students to express themselves assertively will enhance their academic and social experiences and potentially decrease their use of violence and aggression.

Children and youth with behavioral and social problems, including those who engage in violent and aggressive behaviors, often have difficulty in accurately perceiving social situations. Opportunities should be provided to give them practice in interpreting what other individuals mean by "reading" their facial expressions, body language, voice tone, and verbal statements. Real and contrived situations can be used to demonstrate the intent of others and allow students to compare their perceptions of what is meant with what is *really* meant. In teaching these skills, the use of drama is recommended. Student actors have opportunities to try on different characters to communicate with others. In order to convey the feelings of various characters, students must be able to use both verbal and nonverbal language effectively. In turn, other students must attempt to understand their messages and respond appropriately.

Social skills that enhance positive peer and adult interactions must be developed through instruction and practice. Students should be instructed in basic interpersonal communication skills, sharing and taking turns, giving and accepting compliments and constructive criticism, dealing with frustration, and resolving conflict. These skills can be taught effectively by using the peer group to change, reinforce, and maintain newly acquired and appropriate behaviors.

Programs should also include procedures to develop self-management skills. Students should be taught to realistically observe, record, evaluate, and reward their own behaviors. Systematic instruction must be provided, with regular feedback and reinforcement from the instructor, and opportunities and encouragement for generalization of newly acquired self-management skills to new settings and subjects must be offered.

Encourage student involvement in school programs. School personnel must provide encouragement and opportunities for students with violent and aggressive tendencies to participate in athletic and scholastic extracurricular activities. Participation in these activities develops social skills, provides incentives for academic success, and enhances peer interactions. As a member of an athletic team, a student will be contributing to a cooperative effort. This experience may result in the development of prosocial skills as well as providing a socially appropriate avenue for directing aggression and relieving tension and anxiety.

Academic activities encourage students to acquire greater understanding of concepts and knowledge through structured tasks and competition. Discussion with peers about historical events or mathematics concepts develops critical thinking skills and social skills. Extracurricular activities also provide incentives for regular school attendance and academic achievement, since students must meet attendance and academic requirements in order to participate in after-school activities. For some students, extracurricular activities become the primary purpose of school attendance. Thus, these activities provide motivation and support students' academic and social endeavors.

Establish prevention programs. Programs that promote positive self-concepts in students must be a high priority. These programs must target children early in their school careers and continue until school completion. Students can assist in program development. These programs should use peer interaction, discussion, support groups, and activities that make students feel successful in their school endeavors and personal attributes. Transdisciplinary team members may serve as program coordinators.

References

Aubrey, R. F. (1970). Some strategies for guidance intervention. *Focus on Guidance, 3*(2), 1–12.

Bandura, A., Ross, D., & Ross, S. A. (1963). Imitation of film-mediated aggressive models. *Journal of Abnormal and Social Psychology, 66*, 3–11.

Bower, E. M. (1982). Defining emotional disturbance: Public policy and research. *Psychology in the Schools, 19*(1), 522–527.

Brendtro, L. K., Brokenleg, M., & Bockern, S. V. (1990). *Reclaiming youth at risk: Our hope for the future.* Bloomington, IN: National Educational Service.

Brown, F. R., & Aylward, E. H. (1987). *Diagnosis and management of learning disabilities: A transdisciplinary approach.* Boston: Little, Brown.

Burnett, D. J. (1982). The learning disabled delinquent: Teaching socially appropriate reactions to confrontations for negative behaviors. *Journal of Special Education Technology,* 5, 44–52.

Carroll, A. W. (1974). The classroom as an ecosystem. *Focus on Exceptional Children, 6*, 1–12.

Center, D. B. (1990). Social maladjustment: An interpretation. *Behavioral Disorders, 15*(3), 141–148.

Cline, D. H. (1990). Interpretations of emotional disturbance and social maladjustment as policy problems: A legal analysis of initiatives to exclude handicapped/disruptive students from special education. *Behavioral Disorders, 15*, 159–173.

Clune, W. H., & White, P. A. (1988). *School-based management: Institutional variation, implementation, and issues for further research.* New Brunswick, NJ: Rutgers University Center for Policy Research in Education.

Cohen, D. (1989, March 15). Joining forces. *Education Week*, pp. 7–16.

Coleman, J. M. (1984). Handicapped labels and instructional segregation: Influences on children's self-concepts versus the perceptions of others. *Learning Disability Quarterly, 6*, 3–11.

Council for Children with Behavioral Disorders (CCBD). (1990). Position paper on the provision of service to children with conduct disorders. *Behavioral Disorders, 15*(3), 180–189.

Cullinan, D., Epstein, M. H., & Lloyd, J. W. (1983). *Behavior disorders of children and adolescents.* Englewood Cliffs, NJ: Prentice Hall.

Edgar, E. (1987). Secondary programs in special education: Are many of them justified? *Exceptional Children, 53*, 538–561.

Erickson, M. T. (1987). *Behavior disorders of children and youth.* Englewood Cliffs, NJ: Prentice Hall.

Erpenbach, W. J., & Perrone, P. A. (1988). School counselors—Using power and influence to better meet student needs. In J. Carlson & J. Lewis (Eds.), *Counseling the adolescent: Individual, family and school interventions* (pp. 259–274). Denver: Love.

Etscheidt, S. (1991). Reducing aggressive behavior and improving self control: A cognitive-behavioral training program for behaviorally disordered adolescents. *Behavioral Disorders, 16*(2), 107–115.

Fattah, E. A., & Sacco, V. F. (1989). *Crime and victimization of the elderly.* New York: Springer-Verlag.

Forness, S. R. (1988). Planning for the needs of children with serious emotional disturbance: The National Special Education and Mental Health Coalition. *Behavioral Disorders, 13*(2), 127–139.

Flynn, C. C., & Harbin, G. L. (1987). Evaluating interagency coordination efforts using a multidimensional, interactional, developmental paradigm. *Remedial and Special Education, 8*(3), 35–44.

Frisby, C. L., Heflin, L. J., Altman, R., Shaw, S. F., Collier, C., Elliott, R., Ochsner, G. J., & Fleischner, J. (1991). Innovative practices for meeting the needs of students who are at risk. In L. M. Bullock & R. L. Simpson (Eds.), *Monograph on critical issues in special education: implications for personnel preparation* (pp. 111–123). Denton: University of North Texas.

Gast, D. L., & Wolery, M. (1985). Severe developmental disabilities. In W. H. Berdine & A. E. Edward (Eds.), *Introduction to special education.* (pp. 481–492). Boston: Little, Brown.

Golightly, C. J. (1987). Transdisciplinary training: A step forward in special education teacher preparation. *Teacher Education and Special Education, 10*(3), 126–130.

Golin, A. K., & Ducanis, A. J. (1981). *The transdisciplinary team: A handbook for the education of exceptional children.* Rockville, MD: Aspen.

Greer, J. V. (1978). Utilizing paraprofessionals and volunteers in special education. *Focus on Exceptional Children, 10*(6), 1–15.

Grosenick, J. K. (1986, February). *Program effectiveness: Current practices and future prospects.* Paper presented at Midwest Symposium for Leadership in Behavior Disorders, Kansas City, MO.

Grosenick, J. K., & Huntze, S. L. (1980). *National needs analysis in behavior disorders: Adolescent behavior disorders.* Columbia, MO: University of Missouri-Columbia.

Heller, H., & Schilit, J. (1987). The regular education initiative: A concerned response. *Focus on Exceptional Children, 20,* 1–6.

Hersh, R., & Walker, H. M. (1983). Great expectations: Making school effective for all students. *Policy Review Studies, 2*, 147–188.

Hughes, J. N. (1988). *Cognitive behavior therapy with children in schools.* New York: Pergamon.

Jones, R. L., Gottlieb, J., Gushkin, S., & Yoshida, R. K. (1978). Evaluating mainstreaming programs: Models, caveats, considerations, and guidelines. *Exceptional Children, 44*, 588–601.

Kauffman, J. (1989). *Characteristics of children's behavior disorders* (4th ed.). Columbus, OH: Merrill.

Kaufman, M. J., Gottlieb, J., Agard, J. A., & Kukic, M. B. (1975). Mainstreaming: Toward an explication of the construct. *Focus on Exceptional Children, 7*, 1–12.

Kavale, K. A., Forness, S. R., & Alper, A. E. (1986). Research in behavioral disorders/emotional disturbance: A survey of subject identification criteria. *Behavioral Disorders, 11*(3), 159–167.

Kelly, E. J. (1988a). *The differential problem sorter manual: Rationales and procedures distinguishing between conduct problem and emotionally disturbed students and populations.* Unpublished manuscript. University of Nevada, Department of Special Education, Las Vegas.

Kelly, E. J. (1988b). Personality Inventory for Children: Selected scales in differentiating conduct-disordered and emotionally disturbed students. *Psychological Reports, 63*, 395–401.

Kelly, E. J. (1988c). Use of self-concept tests in differentiating between conduct disordered and emotionally disturbed students. *Psychological Reports, 62*, 363–367.

Knitzer, J. (1982). *Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services.* Washington, DC: Children's Defense Fund.

Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). *At the schoolhouse door: An examination of programs and policies for children with behavior and emotional problems.* New York: Bank Street College of Education.

Leone, P. E. (1986). Teacher training in corrections and special education. *Remedial and Special Education, 7*(3), 41–47.

Lewis, K. A., Schwartz, G. M., & Ianacone, R. N. (1988). Service coordination between correctional and public school systems for handicapped juvenile offenders. *Exceptional Children, 55*, 66–70.

Long, N. J., Morse, W. C., & Newman, R. G. (1980). *Conflict in the classroom: The education of children with problems* (4th ed). Belmont, CA: Wadsworth.

Lynch, E. W., & Stein, R. (1982). Perspectives on parent participation in special education. *Exceptional Education Quarterly, 3*(2), 56–63.

Marston, D., Fuchs, L., & Deno, S. (1986). A comparison of standardized achievement tests and direct measurement techniques in measuring pupil progress. *Diagnostique, 11*, 77–90.

Maslow, A. S. (1962). *Eupsychian management: A journal*. Homewood, IL: Richard D. Irwin.

Mattison, R. (1988). Broadening our commitment to deal with neglected mental health problems of children. *Behavioral Disorders, 13*(2), 133–134.

McGinnis, E., Kiraly, J., & Smith, C. R. (1983). The types of data used in identifying public school students as behaviorally disordered. *Behavioral Disorders, 9*(4), 239–246.

McIntosh, D. K. (1979). Mainstreaming: Too often a myth, too rarely a reality. *Academic Therapy, 15*, 53–59.

McKenzie, R. G., & Houk, C. S. (1986). Use of paraprofessionals in the resource room. *Exceptional Children, 53*, 41–45.

Mertens, S., & Yarger, S. J. (1988). Teaching as a profession: Leadership, empowerment, and involvement. *Journal of Teacher Education, 39*(1), 32–37.

Morgan, D. P., & Jensen, W. R. (1988). *Teaching behaviorally disordered students: Preferred practices*. Columbus, OH: Merrill.

Myles, B. S., & Simpson, R. L. (1989). Regular educators' modification preferences for mainstreaming mildly handicapped children. *Journal of Special Education, 22*(4), 479–492.

Nelson, C. M., Rutherford, R. B., & Wolford, B. I. (1987). *Special education in the criminal justice system*. Columbus, OH: Merrill.

Paul, J. L., & Epanchin, B. C. (1991). *Educating emotionally disturbed children and youth*. New York: Merrill/Macmillan.

Peterson, N. L. (1987). *Early intervention for handicapped and at-risk children: An introduction to early childhood special education*. Denver: Love.

Peterson, R. L. (1988). CCBD and the National Coalition: A point of view. *Journal of Learning Disabilities, 21*(6), 137–138.

Podemski, R. S., & Childers, J. H. (1980). The counselor as change agent: An organizational analysis. *School Counselor, 27*, 169–174.

Quay, H. (1987). Patterns of delinquent behavior. In H. Quay (Ed.), *Handbook of juvenile delinquency* (pp. 118–138). New York: Wiley.

Quay, H. C., & Werry, J. S. (1986). *Psychopathological disorders of childhood* (3rd ed.). New York: Wiley.

Reister, A. E., & Bessette, K. M. (1986). Preparing the peer group for mainstreaming exceptional children. *Pointer, 31*, 12–20.

Ribner, S. (1978). The effects of special class placement on the self-concept of exceptional children. *Journal of Learning Disabilities, 11*, 60–64.

Rizzo, J. V., & Zabel, R. H. (1988). *Educating children and adolescents with behavioral disorders: An integrative approach*. Boston: Allyn and Bacon.

Robbins, L. (1966). *Deviant children grown up*. Baltimore: Williams & Wilkins.

Roubinek, D. (1978). Will mainstreaming fit? *Educational Leadership, 35*, 410–411.

Ruhl, K. L., & Hughes, C. A. (1985). The nature and extent of aggression in special education settings serving behaviorally disordered students. *Behavioral Disorders, 10*, 95–104.

Rutherford, R. B., Nelson, C. M., & Wolford, B. I. (1986). Special education programming in juvenile corrections. *Remedial and Special Education, 7*(3), 27–33.

Salend, S. J., & Washin, B. (1988). Team-assisted individualization with handicapped adjudicated youth. *Exceptional Children, 55*, 174–180.

Sasso, G. M., Simpson, R. L., & Novak, C. G. (1985). Procedures for facilitating integration of autistic children in public school settings. *Analysis and Intervention in Developmental Disabilities, 5*, 233–246.

Schrag, V. (1990). Charting the course for the 1990's. In L. M. Bullock & R. L. Simpson (Eds.), *Monograph on critical issues in special education: Implications for personnel preparation* (pp. 2–8). Denton: University of North Texas.

Sears, C. J. (1981). The transdisciplinary approach: A process for compliance with Public Law 94-142. *Journal of the Association for the Severely Handicapped, 6*(1), 23–29.

Simpson, R. L. (1990). *Conferencing parents of exceptional children* (2nd ed.). Austin, TX: Pro-Ed.

Slenkovich, J. E. (1983). P.L. 94-142 as applied to *DSM III* diagnoses: An analysis of DSM-III diagnoses vis-à-vis special education law. Cupertino, CA: Kinghorn Press.

Smith, C. R., Frank, A. R., & Snider, B. C. F. (1984). School psychologists' and teachers' perceptions of data used in the identification of behaviorally disordered students. *Behavioral Disorders, 10*(1), 27–32.

Stone, B. (1984). Ecológical view of self-concept. *Remedial and Special Education, 5*, 43–44.

Thomas, D., & Myrick, B. (1984). *ACES/ASCA Committee on School Counseling preliminary report*. Unpublished paper.

Turnbull, H. R., & Turnbull, A. P. (1986). *Families, professionals, and exceptionality: A special partnership*. Columbus: Merrill.

United Cerebral Palsy Association. (1976). *Staff development handbook: A resource for transdisciplinary process.* New York: Author.

U.S. Department of Education. (1990) *Twelfth Annual Report to Congress on the Implementation of the Education of the Handicapped Act.* Washington, DC: Author.

Walberg, H. J., & Lane, J. J. (1989). *Organizing for learning: Toward the 21st century.* Reston, VA: National Association of Secondary School Principals.

Wang, M. C., & Birch, J. W. (1984). Comparison of a full-time mainstreaming program and a resource room approach. *Exceptional Children, 51,* 33–40.

Webb, S., & Maddox, M. E. (1986). The juvenile corrections interagency transition model: Moving students from institutions into community schools. *Remedial and Special Education, 7*(3), 56–61.

Weintraub, F. J. (1988). The Council for Exceptional Children commitment. *Journal of Learning Disabilities, 21*(6), 138–139.

West-Stern, J. (1984). *Interagency intervention: A case study.* In S. Braaten, R. B. Rutherford, & C. A. Kardash (Eds.), *Programming for adolescents with behavior disorders* (pp. 44–51). Reston, VA: Council for Children with Behavioral Disorders.

White, P. A. (1989, September). An overview of school-based management: What does the research say? *NASSP Bulletin,* pp. 1–8.

Will, M. (1986). Educating children with learning problems: A shared responsibility. *Exceptional Children, 52,* 411–416.

Yauman, B. E. (1983). Special educational placement and the self-concepts of elementary school age children. *Learning Disability Quarterly, 3,* 30–35.

Yell, M. L. (1989). Honig v. Doe: The Supreme Court addresses the suspension and expulsion of handicapped students. *Exceptional Children, 56,* 60–69.

Zellman, G. L. (1990). Linking schools and social services: The case of child abuse reporting. *Educational Evaluation and Policy Analysis, 12*(1), 41–55.

Zionts, P., & Simpson, R. L. (1988). *Understanding children and youth with emotional and behavioral problems.* Austin, TX: Pro-Ed.

Resources

The following section lists some resources, including professional literature, advocacy organizations, professional organizations, and programs intended to help educators and other professionals serve children and youth with aggressive and violent behavior.

Professional Literature

Bauer, A. M., Shea, T. M., & Keppler, R. (1986). Levels system: A framework for the individualization of behavior management. *Behavioral Disorders, 12*(1), 28–35.

Bender, W. N., & Evans, N. (1989). Mainstream and special class strategies for managing behaviorally disordered students in secondary classes. *High-School Journal, 72*(2), 89–96.

Bird, F. (1989). Reducing severe aggressive and self-injurious behaviors with functional communication training. *American Journal on Mental Retardation, 94*(1), 37–48.

Blanco, R. F., & Bogacki, D. F. (1988). *Prescriptions for children with learning and adjustment problems: A consultant's desk reference.* Springfield, IL: Charles C Thomas.

Cullinan, D., & Epstein, M. H. (1985). Behavioral interventions for educating adolescents with behavior disorders. *Pointer, 30*(1), 4–7.

Downing, J. A., Simpson, R. L., & Myles, B. S. (1990). Regular and special educator perceptions of nonacademic skills needed by mainstreamed students with behavioral disorders and learning disabilities. *Behavioral Disorders, 15*(4), 217–226.

Fremont, T. (1988). Understanding conduct problems. *Behavior in Our Schools, 2*(2), 17–19.

Goldstein, A. P. (1988). *The Prepare Curriculum: Teaching prosocial competencies.* Champaign, IL: Research Press.

Griffin, G. W. (1987). Childhood predictive characteristics of aggressive adolescents. *Exceptional Children, 54*, 246–252.

Kaplan, J. S. (1991). *Beyond behavior modification: A cognitive-behavioral approach to behavior management in the school* (2nd ed.). Austin, TX: Pro-Ed.

Mastropieri, M. A., Jenne, T., & Scruggs, T. E. (1988). A level system for managing problem behaviors in a high school resource program. *Behavioral Disorders, 13*(3), 202–208.

Ruhl, K. L. (1985). Handling aggression: Fourteen methods teachers use. *Pointer, 29*(2), 30–33.

Schloss, P. J., & Smith, M. A. (1987). Guidelines for ethical use of manual restraint in public school settings for behaviorally disordered students. *Behavioral Disorders, 12*(3), 207–213.

Sherburne, S., Utley, B., McConnell, S., & Gannon, J. (1988). Decreasing violent or aggressive theme play among preschool children with behavior disorders. *Exceptional Children, 55*, 166–172.

Smith, D. J., Young, K. R., West, R. P., & Morgan, D. P. (1988). Reducing the disruptive behavior of junior high school students: A classroom self-management procedure. *Behavioral Disorders, 13*(4), 231-239.

Stainback, S., & Stainback, W. (1985). *Integration of students with severe handicaps into regular schools.* Reston, VA: ERIC Clearinghouse on Handicapped and Gifted Children, The Council for Exceptional Children.

Webster, J. B. (1989). Applying behavior management principles with limited resources: Going it alone. *Maladjustment and Therapeutic Education, 7*(1), 30–38.

Webster, R. E. (1986). Use of the process interaction model for therapeutic intervention with behavior disordered adolescents. *Techniques, 2*(2), 156–166.

Wolf, M. M. (1987). Serious delinquent behavior as part of a significantly handicapping condition: Cures and supportive environments. *Journal of Applied Behavior Analysis, 20*(4), 347–359.

Zionts, P., & Simpson, R. L. (1988). *Understanding children and youth with emotional and behavioral problems: A handbook for parents and professionals.* Austin, TX: Pro-Ed.

Advocacy Organizations

Children's Defense Fund
122 C Street, NW, Suite 400
Washington, DC 20001

Family Resource Coalition
230 North Michigan Avenue, Suite 1625
Chicago, IL 60601

Federation of Families for Children's Mental Health
c/o National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971

Institute for Responsive Education
605 Commonwealth Avenue
Boston, MA 02215

National Alliance for the Mentally Ill
1901 North Fort Meyer Drive, Suite 500
Arlington, VA 22209

National Committee for Citizens in Education
10840 Little Patuxent Parkway, Suite 301
Columbia, MD 21044

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971

Southern Education Foundation
135 Auburn Avenue
Atlanta, GA 30303

Professional Organizations

American Psychiatric Association
1400 K Street, NW
Washington, DC 20005

American Psychological Association
1200 Seventeenth Street, NW
Washington, DC 20036

Council for Children with Behavioral Disorders
A Division of The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

National Association of State Directors of Special Education
2021 K Street, NW, Suite 315
Washington, DC 20006

National Consortium for Children's Mental Health Services
3615 Wisconsin Avenue, NW
Washington, DC 20016

Programs

Duke University
Contact: John D. Coie
Prevention Research with Aggressive, Rejected Children

The project targets African-American, urban preadolescents at risk due to chronic problems in relating effectively to peers. The project has three phases: (1) conduct a longitudinal follow-up of three cohorts on peer relationships, social behavior, and achievement; (2) conduct a parent and teacher intervention program; and (3) conduct investigations of intervention methods using highly aggressive dyads. The goals of the intervention programmatic studies are to modify hostile relationships between participant members and identify methods that effectively reduce social aggression.

University of Washington
Contact: Mark T. Greenberg
The PATHS Project: Preventive Intervention for Children

This project targets implementation and evaluation of prevention/intervention programs for normally adjusted and behaviorally at-risk primary-aged children. The PATHS Curriculum, using the Affective-Behavioral-Cognitive-Developmental Model, improves adaptive capacities of normally adjusting children and prevents the occurrence of serious behavioral disorders in at-risk children. The model teaches self-control, emotional understanding, social cognition, and interpersonal problem-solving skills through 30-minute lessons taught throughout the school year. The project will also collect data regarding reciprocal, causal relationships between affective, social-cognitive, behavioral, and cognitive-academic domains in normally adjusted and behaviorally at-risk students.

University of Pittsburgh
Contact: Larry Michelson
Prevention of Antisocial Behavior in Children

This project develops, implements, and evaluates a cognitive-behavioral prevention program to improve short- and long-term psychiatric, psychological, emotional, behavioral, interpersonal, cognitive, and academic adjustment of children at risk for antisocial behavior and conduct disorders. The prevention program is conducted in a school setting over a period of 2 years. Participants will be assessed regarding parent and teacher ratings, psychiatric adjustment, interpersonal

functioning, delinquent behavior, substance abuse, legal contacts, problem-solving skills, social competency, and academic achievement.

University of Maryland at College Park
Contacts: David H. Cooper and Deborah L. Speece
Maintaining At-Risk Children in Regular Education Settings: Initial Effects of Individual Differences and Classroom Environments

This project focused on identification of characteristics of primary-aged children who were at risk for school failure. The project identified learning environments associated with potential school failure and placement in special programs.

CEC Mini-Library
Exceptional Children at Risk

A set of 11 books that provide practical strategies and interventions for children at risk.

- *Programming for Aggressive and Violent Students.* Richard L. Simpson, Brenda Smith Miles, Brenda L. Walker, Christina K. Ormsbee, & Joyce Anderson Downing. No. P350. 1991. 42 pages.
- *Abuse and Neglect of Exceptional Children.* Cynthia L. Warger with Stephanna Tewey & Marjorie Megivern. No. P351. 1991. 44 pages.
- *Special Health Care in the School.* Terry Heintz Caldwell, Barbara Sirvis, Ann Witt Todaro, & Debbie S. Accouloumre. No. P352. 1991. 56 pages.
- *Homeless and in Need of Special Education.* L. Juane Heflin & Kathryn Rudy. No. P353. 1991. 46 pages.
- *Hidden Youth: Dropouts from Special Education.* Donald L. Macmillan. No. P354. 1991. 37 pages.
- *Born Substance Exposed, Educationally Vulnerable.* Lisbeth J. Vincent, Marie Kanne Poulsen, Carol K. Cole, Geneva Woodruff, & Dan R. Griffith. No. P355. 1991. 28 pages.
- *Depression and Suicide: Special Education Students at Risk.* Eleanor C. Guetzloe. No. P356. 1991. 45 pages.
- *Language Minority Students with Disabilities.* Leonard M. Baca & Estella Almanza. No P357. 1991. 56 pages.
- *Alcohol and Other Drugs: Use, Abuse, and Disabilities.* Peter E. Leone. No. P358. 1991. 33 pages.
- *Rural, Exceptional, At Risk.* Doris Helge. No. P359. 1991. 48 pages.
- *Double Jeopardy: Pregnant and Parenting Youth in Special Education.* Lynne Muccigrosso, Marylou Scavarda, Ronda Simpson-Brown, & Barbara E. Thalacker. No. P360. 1991. 44 pages.

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